

For optimum benefit please bring your
AMA Guides and 2005 PDRS to the program.

Workers' Compensation Section of the State Bar of California

Registration Form

Note: One form per registrant. Photocopies may be used.

Choose Location

☐ July 14, 2007 at Universal City Hilton

☐ July 28, 2007 at Concord Hilton

Bar # _____ ☐ Applicant Attorney ☐ Defense Attorney ☐ Judge

Name _____

Firm _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

Program package includes 7 hours of MCLE and legal specialization credits, program materials, continental breakfast and lunch.

Pre-Registration Fees

☐ Workers' Comp. Section Members\$195

☐ Non-Section Members\$260

Includes enrollment in the Workers' Compensation Section for 2007

☐ Workers' Comp. Section Enrollment Only\$65

****On-site Registration Fees are \$220 for Section Members and \$285 for Non Section Members****

AMOUNT ENCLOSED/TO BE CHARGED \$ _____

Credit Card Information (VISA/MasterCard Only)

I/we authorize the State Bar of California to charge my/our program registration to my/our VISA/MasterCard account. (No other credit card will be accepted.)

Account Number _____

Expiration Date _____ VISA or MasterCard only

Cardholder's Name _____

Cardholder's Signature _____

Deadline: In order to Pre-register, your form and check, payable to the State Bar of California, or credit card information, must be received five working days before the program.

Register online: www.calbar.ca.gov/workerscomp

MAIL TO: Program Registrations, State Bar of California, 180 Howard Street, San Francisco, CA 94105

FAX TO: Program Registrations at 415-538-2368. In order to fax your registration, credit card information is MANDATORY. (Photocopies of checks will NOT be accepted)